



Humber and North Yorkshire
Cancer Alliance

Cancer Care and Outcomes Health Inequalities Strategy

January 2024
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Executive Summary

The Humber and North Yorkshire (HNY) Cancer Alliance Health Inequalities Strategy has been developed in partnership with different stakeholders, including patient representatives, population health colleagues, clinical colleagues from primary and secondary care, cancer charities, and representatives from the voluntary, community and social enterprise (VCSE) sector.

The need for the development of this strategy is to ensure that all patients who live in the Humber and North Yorkshire region have:

- i) access to information and greater awareness of behaviours that lead to a high risk of cancer developing
- ii) equitable access to health care, cancer screening, primary, secondary, tertiary care
- iii) a diagnosis or all clear communicated within 28 days as per their constitutional right
- iii) treatment and care that is personalised to their needs.

The strategy forms part of the HNY Integrated Care Board (ICB) legal requirements to have regard to health inequalities. This strategy will also have a significant impact on the NHS Long Term Plan¹ ambition to increase stage 1 and 2 cancer diagnostic rates to 75% by 2028. This strategy identifies ways to build on the health inequality work already undertaken by HNY Cancer Alliance, giving further direction and focus of resources to transform the cancer diagnosis and treatment of patients whose lives are affected by inequality within our wider region.

The strategy includes specific objectives for the Cancer Alliance including:

- Development of an information dashboard to provide up to date and relevant information to HNY Cancer Alliance Programme Leads, to population health teams across the region and at Place, to secondary and primary care colleagues, and to local neighbourhood teams who can focus their efforts on the areas where support and intervention is needed most
- Development of a Health Inequalities Steering Group and a Community of Practice and a to steer and progress the health inequality work of the Cancer Alliance across the region

- An educational programme and library resource to help build awareness, knowledge, and confidence in caring for patients who live with inequity and to enable teams to build consideration of health inequalities into the design of person-centred care
- A comprehensive review of patient resources to ensure it meets the diverse needs of all our citizens
- Building stronger links with our inclusion groups, their representatives and advocates across the region and at Place, and to develop local plans to ensure that our work is focused where it is needed most
- To understand and record our patients' experiences of health inequalities so that we continuously improve the cancer services we deliver
- To establish Health Inequalities as a Golden Thread through everything that the HNY Cancer Alliance and its partners do

About the Strategy

NHS England and Integrated Care Boards have a legal duty to have regard to reducing inequalities associated with access to and outcomes from NHS services. The NHS Long Term Plan placed tackling health inequalities at the heart of NHS goals for this decade. The Plan has also set a new ambition, that by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise to 75% of all diagnoses. Achieving this will mean that 55,000 more people each year will survive their cancer for at least five years after diagnosis.

The ambition of Humber & North Yorkshire ICB is for everyone in our population to live longer, healthier lives by narrowing the gap in healthy life expectancy between the highest and lowest levels in our community by 2030 and increasing healthy life expectancy by five years by 2035. Our vision is:

To transform the diagnosis, treatment and care for cancer patients in Humber and North Yorkshire

The HNY Cancer Alliance aims to ensure that cancer services are designed and delivered to meet the needs of the diverse population who live in our region and to reduce the impact of health inequalities that exist for parts of our population. Our Health Inequalities vision is that;

Every person in Humber and North Yorkshire has an equitable opportunity to have their cancer diagnosed at an early stage and can have equitable access to treatment, no matter who they are or where they live.

This strategy to address health inequalities in cancer care and outcomes has been developed in accordance with these and other external drivers to provide a directive steer to the work that the Cancer Alliance undertakes, and to our stakeholders and partners who work to reduce health inequalities. We aim to understand the impact of cancer prevention, diagnosis and treatment pathways on our communities and population groups; to support our cancer professional and other colleagues to build tackling health inequalities as a Golden Thread throughout all that we do.

The strategy contains eight key objectives, which have been developed through consultation with patient representatives and stakeholders from across the health and social care community, and in line with guidance from NHS England on the practical steps required to tackle health inequality in communities.² These objectives will steer the Health Inequalities programme for work for the Cancer Alliance over the next five years. We will build knowledge of the inequalities that exist for cancer patients in our region, which will equip our workforce to become experts in designing and delivering services.

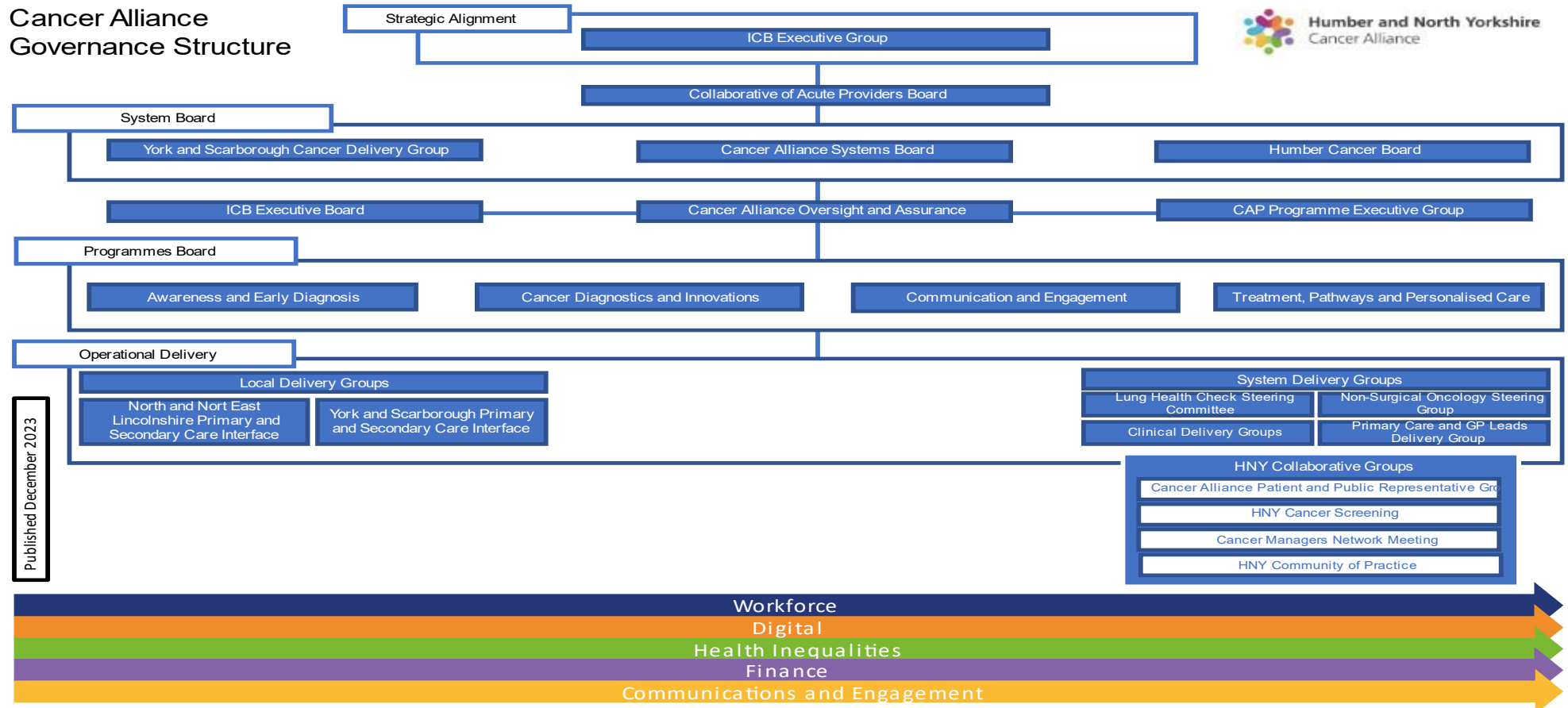
This is intended to be a dynamic strategy that will be regularly updated as Health Inequality policy and information progresses.

Humber and North Yorkshire Cancer Alliance

The HNY Cancer Alliance consists of multiple NHS organisations, voluntary community and social enterprise organisations, patients and members of the public and is one of 21 cancer alliances in England. It brings together organisations that pay for and provide cancer services, to achieve its vision of “transforming the diagnosis and treatment and care for cancer patients in the Humber and North Yorkshire region”. Our programmes of work address reducing health inequalities by focusing on the patient pathway in four workstreams:

- Awareness and early diagnosis
- Cancer diagnostics and innovation
- Treatment pathways
- Personalised Care

The table below shows the internal governance structure for the Cancer Alliance and demonstrates how workstreams are managed through the organisation.



The Cancer Alliance is part of the Humber and North Yorkshire Health and Care Partnership (HNY Partnership) and it is an agreed strategic priority for the Partnership.

Health Inequalities

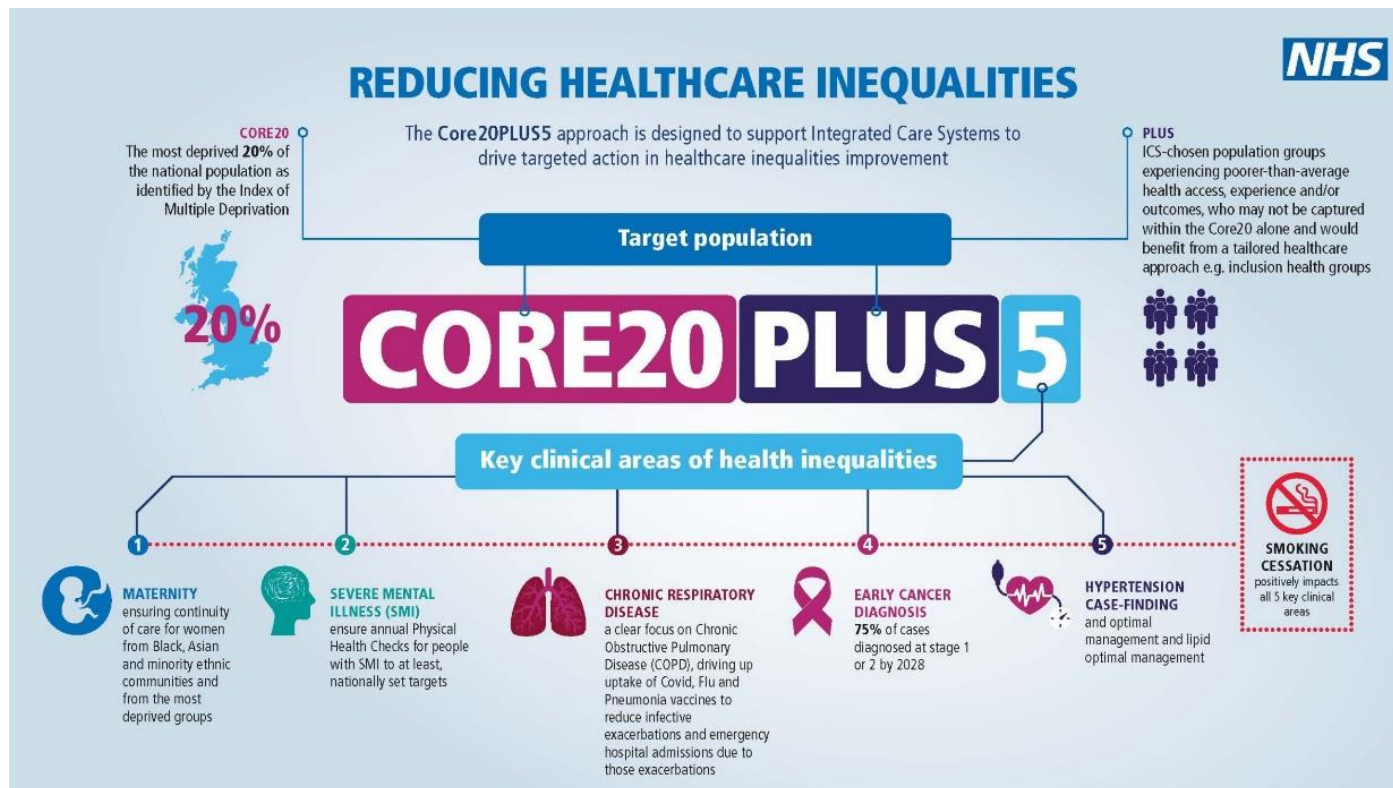
Definition

NHS England (NHSE) has defined health inequalities as unfair and avoidable differences in health across the population and between different groups within society.³ These differences include how long people are likely to live, the health conditions they may experience and the care that is available to them.

Health inequalities arise from the unequal distribution of social environmental and economic conditions within societies which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs.

Core20PLUS5

Core20PLUS5 is an NHSE approach to inform action to reduce healthcare inequalities at both national and system level.⁴ The approach defines a target population – the ‘Core20PLUS’ and identifies ‘5’ focus clinical areas requiring accelerated improvement. The five clinical areas of focus which require accelerated improvement are maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension and lipid optimal management. PLUS population groups are identified at a local level and include groups which experience social exclusion. They are also known as inclusion health groups.



Inclusion Health Groups

People who are socially excluded typically experience multiple interacting risk factors for poor health, such as stigma, discrimination, poverty, violence, and complex trauma. They are relatively small groups of people, but they have high needs for healthcare and they face a range of barriers in accessing healthcare services.

People in inclusion groups tend to have poor experiences of healthcare services because of how those services have been designed. Negative experiences lead to avoiding future contact with NHS services, which can result in poorer health outcomes and earlier death in people in inclusion groups compared with the general population.⁵ Much of the work we already undertake in the HNY Cancer Alliance is aimed towards supporting those who face barriers in accessing healthcare. In North East Lincolnshire, we have been working to ensure that Lung Health Check services are available to people who are homeless and not registered with a GP, and we have worked with migrants and those whose first language is not English to raise awareness of cancer symptoms.

Inclusion health groups such as this require an explicit tangible focus to reduce healthcare inequalities. This includes commitment to act; understanding the characteristics and needs of people in inclusion health groups; developing the workforce; developing services and demonstrating improvements to the patient and professional communities. The inclusion groups who are part of our demographic are in the process of being identified by our Place teams as to who they are and where they live at Place, however nationally, inclusion groups include:

- people experiencing homelessness
- people with serious mental illness
- People with learning disability and autism
- people with drug and alcohol dependence
- vulnerable migrants
- Gypsy, Roma and Traveller communities
- sex workers
- people in contact with the justice system
- victims of modern slavery
- other groups that share protected characteristics as defined by the Equality Act 2010.

Our Region's Geography and Demographics

The geography of our region is dominated by its coastline and rurality which bring specific challenges for access to health services for those who live in those areas. There are six regional Places;

- East Riding
- Hull
- North East Lincolnshire
- North Lincolnshire
- North Yorkshire
- York

Outside of the urban areas of Hull and York, the area is rural, with 85% of North Yorkshire defined as 'super sparse'.⁶ These areas are typically underserved in health care, with fewer accessible transport links, and lower levels of social support. Engagement with our patient representatives has told us that people who live around the Humber estuary and near the Wolds experience significant travel and transport challenges in travelling for screening, diagnostic and treatment services.

In coastal and rural areas employment is largely seasonal and predominantly in farming, hospitality and tourism. Here, the working environment is challenging with high levels of unemployment and lower levels of income. The demographic is predominantly older with younger working age people more likely to have moved to find work. This is significant when considering cancer health inequalities given more than two thirds of cancer diagnoses occur in people aged over 65 years, and one third in people aged 75 years and over. Over half of all cancer deaths occur in people aged 75 and over.⁷

A significant number of areas across the six Places in our region fall into the national lower 20% of deprived areas. Patients from deprived areas are more likely to experience co-morbidities, having two or more health conditions which become more pronounced in adults who are 50 plus. The percentage of people living with multi morbidity increases with age and increases fastest in socio-economically deprived groups.

The impact of Covid-19 and the cost-of-living crisis have impacted health and wellbeing and have widened pre-existing health inequalities.⁸ We aim to support our population health colleagues in their focus on the physical and mental health, and wellbeing, of our population throughout the course of their lives and to support their empowerment to live independent, well lives.

Cancer and Health Inequalities

Health inequalities have a significant impact on how cancer affects screening, diagnosis and treatment pathways for people who live in deprived, rural, and coastal areas and from inclusion groups. People from deprived communities are less likely to partake in cancer screening programmes.⁹ They have a lower recognition of the signs and symptoms and are more likely to be diagnosed following an emergency presentation or at a later stage. Further, cancer incidence in these areas is likely to be higher, with lung cancer being the most common, with factors attributed to deprivation and smoking rates. In addition, people living in deprived areas are more likely to be living with a higher level of diagnosed illnesses such as chronic obstructive pulmonary disease, cardiovascular disease, diabetes, anxiety and depression.

When compared with similar countries, the UK compares poorly on some outcomes for older people with cancer. Older people are more likely to present as an emergency and less likely to have surgery, radiotherapy or chemotherapy than younger people. Older people are more likely to have needs that extend beyond the cancer such as other comorbidities, more complex social situations and an increased need for personal as well as healthcare support.⁷

Cancer is also the underlying cause of death among people with learning disabilities. Tumours are often diagnosed at a late stage, with a low level of awareness of pain or symptoms by patients or their carers.¹⁰ It is also the leading cause of premature death for people with severe mental illness, above cardiovascular, respiratory and liver disease.

HNY Cancer Alliance Health Inequalities Key Objectives

1. Understand Cancer Health Inequalities in Humber & North Yorkshire

2. Build Awareness of Cancer Health Inequalities and Expertise in our Workforce

3. Design Cancer Alliance Policies and Programmes that are inclusive

4. Deliver patient information resources that are accessible to all

5. Develop a community of cancer-focused health inequality professionals

6. Understand cancer patients experience of inequality

7. Build stronger links with inclusion groups at place and across the region

8. Establish health inequalities as a Golden Thread through all of our regional cancer work

1. Understanding Cancer Health Inequalities in Humber & North Yorkshire

We want to understand more about how people in Humber and North Yorkshire experience how cancer is diagnosed and treated in the places where they live and the healthcare services they use. We want to be able to identify where inequity has a negative impact on people's risk of developing cancer in our region; the type of cancer that people develop; the stage at diagnosis; their treatment and survival rate.

In continuing to work with colleagues in primary and secondary care, population health, screening services, voluntary, community and social enterprises and charities, we aim to share data, expertise and stories of lived experience so that we can build a further picture of where our deprived communities are and who the people in local inclusion groups are. We can measure the impact of the inequity they experience on their cancer outcomes and learn where to focus our resources and actions to reduce the impact of inequality over the next five years.

We aim to build a Cancer Health Inequality dashboard of information, triangulating reliable data that is key to understanding and measuring who is most at risk through their lifestyle or the barriers they face in accessing services such as location, communication, language, stigma and fear. Utilising this data, we can inform our system partners about the impact of the inequalities in our region to influence local and national policy-making; and we can measure our progress in reducing the impact of inequality on the diagnosis and treatment of cancer in our Cancer Alliance and set our own objectives.

ACTION	Development of Cancer Health and Population Information Dashboard Bringing together diverse data sources covering demographics, healthcare activity and cancer outcomes to provide timely, relevant comprehensive HI information	April 2024
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2. Building Awareness & Expertise in our Workforce

Understanding the inequalities that people experience caused by where they live and who they are is key to helping those who work to support cancer patients to have the confidence and knowledge to know how to best help them. By continuing to highlight the impact of health inequality on our communities and inclusion groups, we want to make inequality more visible and easier to identify, making it easier to focus on reducing them.

Our healthcare workforce has a critical role in supporting our most vulnerable patients through their cancer treatment and we need to support them to be able to tailor support to deliver appropriate care. Their attitudes, beliefs, knowledge and skills are key to shaping the care that people receive. We aim to increase awareness and understanding of health inequalities through sharing resources and information with our cancer professional workforce through our website and NHS Futures site. The right education and training are essential to help our workforce understand the social determinants of health and information on what works to tackle health inequalities.

We will work with our national and regional colleagues and cancer charities to build training and educational programmes that bring confidence and expertise to work with people who face system and social barriers to accessing cancer services. Our focus will be on awareness, communication, partnership and advocacy skills and we will work with our educational partners to ensure that student placements include experience of Core20PLUS communities. Through our educational programmes, we can build a community of cancer health inequalities specialists and professional Cancer Champions within our region.

ACTION	Development of a Health Inequalities Educational Programme Understanding the needs of our workforce and building a programme that focuses learning from lived experience from patients and inclusion group representatives	June 2024
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3. Developing Inclusive Processes

We know that designing and delivering inclusive cancer healthcare services is key to tackling health inequalities. Working to reduce cancer health inequality is central to the overall HNY Cancer Alliance strategies and the operational delivery of cancer services. Our Lung Health Check Programme has been targeted to areas of high deprivation and high smoking prevalence, and we are the first Cancer Alliance to deliver this service to prisoners. At the Cancer Alliance, we want to continue our work of weaving action on health inequalities as a Golden Thread through all the work that we do, and through the cancer services that are delivered throughout our region.

We will ensure that all of our programmes of work include health inequalities as an intrinsic part of the outcomes, and we will formally report progress on key objectives through our Programme Management Office (PMO) processes and governance structure. Consideration of inequalities will be central to our planning, commissioning and procurement processes.

Further, we will work with our primary and secondary care colleagues to support the inclusion of health inequalities for cancer patients in the planning and commissioning of their services; internal processes; governance; innovation and development.

ACTION	Building HI actions into our workstreams, reporting and governance processes Review of our ongoing programmes of work to ensure HI are central to objectives Ensure our project initiation, reporting and closure process measure HI impact	April 2024
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4. Inclusive Resources for Patients and Colleagues

Clear information that provides guidance to patients to help support their decision-making is paramount to removing stress, anxiety and confusion. There is a wide range of information available through the NHS, and from national charities, such as Macmillan Cancer Support and local smaller community groups and charities.

We do not have a clear picture of how accessible this information is to those in inclusion health groups. We know that people who are from inclusion groups tend to have lower levels of literacy, may not be registered with their GP, and live with a fear of discrimination and stigmatisation. They may also struggle to access to translation services or lack the confidence to access and engage with care and support. Digital exclusion can compound health inequalities further with 10 million adults lacking foundation level digital skills in the UK¹¹, and some inclusion groups facing a higher risk of digital exclusion, including older people; people experiencing homelessness; asylum seekers; people with disability; rural and coastal areas and those with poor connectivity; those who are less fluent in English and people in socio-economically disadvantaged groups such as those with lower incomes or who are unemployed. A number of households do not have access to the internet and a rising number are cancelling broadband due to increased costs.

We want to understand what gaps there are in the resources that are available and we will work with patients, charities, providers, primary care, and VCSE partners to undertake a review and assessment of the information and support that is available so that we can ensure that those who need additional support in accessing information are not excluded from it by its design and delivery.

This review will provide recommendations to address the identified gaps and the CA will ensure ongoing horizon scanning and collaboration with system partners to ensure we continue to close those identified gaps.

ACTION	Undertake a review of patient information and resources in the HNY region Develop an inclusivity assessment tool to work with partners to undertake systematic review of information	Sept 2024
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5. Building a Community of Practice

The healthcare system and those working within it have an important role in reducing health inequalities through their influence on wider social and economic factors; amplification of patient experience; having an understanding of and compassion towards patients. The work to focus on improving equitable access to healthcare is shared across the ICB, and there are many colleagues in population health, Place teams, primary and secondary care and VCSE who are focused on this. The Cancer Alliance will work to build a community of practice with the professionals in the region and at a national level. We will collaborate with teams working on the CORE20PLUS5 major conditions to support an increased and co-ordinated level of prevention activities in line with the NHS Major Conditions Strategy.

Through building links between key professionals, we can ensure that there is effective communication, and sharing of information, and that the efforts to improve patient care are aligned and collaborative. Further, building stronger links with local neighbourhoods and utilising the strength of that community, we can help to influence local health behaviours. We will develop a cancer-focused Health Inequalities Steering Group to meet bi-monthly to ensure key stakeholders can work with us to help shape the focus and direction of our work, and we will maintain ongoing communication with our wider stakeholder group through the Cancer Alliance monthly newsletter, updates on our website and through an information zone on NHS Futures. We will strengthen the HNY Cancer Alliance health inequalities presence within the national Cancer Alliance network and NHSE Health Inequality team through the sharing of our work programmes, and our patient experience case studies.

ACTION	Establish Cancer Alliance HI Steering Group Group to include stakeholders from across primary and secondary healthcare, population health, VCSE. To report through O&A on a bi-monthly basis	March 2024
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6. Understanding the Patient Experience

Healthcare professionals can act as powerful advocates for patients. Their understanding of the patient's experience of life and how they interact with healthcare services is key to ensuring there is support or adjustment for those who need it. Listening to patients and hearing their lived and learned experience is a powerful way to influence how care is designed and delivered.

HNY Cancer Alliance is committed to ensuring that the voices of people who are affected by cancer are at the heart of improvements. Our Patient and Public Engagement Strategy 2024 details plans for how we will strengthen our links with patients, their families, and their representatives.¹²

Patients from areas and communities who experience health inequalities do not typically speak up about their care, or the barriers they have faced. We recognise that people from these communities are under-represented in patient engagement forums and the voices we need to hear from most about health inequalities experiences are generally not heard or are silent. We aim to develop and strengthen our relationships with our patient communities, to support their position, listen to their stories, amplify their voices, and spread the understanding of their experiences through the sharing of their stories. By using stories from local communities, we can encourage others to overcome barriers and participate in healthier behaviours, screening programmes and increased cancer symptom awareness.

ACTION	Develop HI Communications Plan developed in collaboration with patient representatives and key stakeholders HI case study template, NHS Futures Library and CA website space designed to ensure wide broadcast	April 2024
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7. Inclusion Health

Socially excluded people have the right to access and benefit from the health services they need, but often require additional support to do so. A widespread, better understanding of the difficulties they face by health professionals will help them to provide compassionate support and patient-centred support.

We want to collaborate with community representatives and colleagues who work alongside those in inclusion groups at Place to understand better their needs, and the barriers they face in accessing cancer screening, timely diagnosis, and treatment. This will help to prioritise and tailor our support and engagement to build Place-based cancer health inequality plans to meet their needs. We want to further foster our strong relationships with inclusion groups and support their representation and the amplification of their voices to ensure that they are heard in the planning and delivery of services. We will build a library of shared stories and case studies that will help inform and inspire others to realise change. Our Communications and Early Diagnosis teams will utilise the emerging inclusion health data to focus a targeted approach, which will include working with, though not confined to:

- homeless groups in Hull, North Lincolnshire and York to increase their opportunities to access cancer screening
- learning disability and autism groups on symptom awareness and uptake of annual health checks
- LGBT+ groups on uptake of national cancer screening programmes for those who are eligible
- those who experience severe mental health issues that impact their ability to access cancer screening programmes, and appropriate treatment for those who have received a cancer diagnosis.
- Gypsy, Roma and Traveller communities across the region to promote a better understanding of cancer symptoms, and how they can access healthcare screening and support in a way that is acceptable
- older people, the barriers they face in accessing cancer healthcare and the influences on the decisions they make regarding their care

ACTION	Development of Place-based cancer health inequalities action plans Working with Place Cancer Managers and population health teams to build place and people sensitive plans to target the cancer inequality priorities in local areas	Nov 2024
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8. Making Health Inequalities Central to all that we do

The HNY Cancer Alliance has a key role in influencing the experience and outcomes of cancer patients in the region through its core beliefs and actions. We are key facilitators in hearing the patients' stories, gathering their lived experiences and sharing them with internal, healthcare and system colleagues, and we are in a powerful position to influence thoughts and beliefs.

At HNY Cancer Alliance, work to reduce health inequalities in cancer care will be central to all future strategy development and operational delivery of cancer services. We want to continue our work of weaving action on health inequalities as a Golden Thread through all the work that we do, and to influence the design and delivery of inclusive cancer services throughout our region.

We will utilise every opportunity to communicate with patients, families; neighbourhoods and ICS, health and social care colleagues regarding cancer-related health inequalities in this region.

ACTION	Health Inequalities Audit of Cancer Alliance Programmes Focus on HI activities throughout our work programmes, measuring the impact of this work Sharing outcomes with stakeholders, communities, regional and national colleagues, patients and press Audit the impact of the CA HI activity & demonstrate how we've tackled inequalities to ensure that we are making progress in ensuring there is equitable access to information, diagnosis and treatment for all	Dec 2024
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Governance Roles and Responsibilities

Key Boards & Committees	Responsibility of Board/Committee	Key Roles	Responsibility
ICB Executive Group	Statutory requirement to address health inequalities in cancer prevention, diagnosis and treatment	HNY Cancer Alliance Managing Director	Accountable for the overall performance and activity of the Cancer Alliance, including Health Inequalities programme of work
Collaboration of Acute Providers Board	Hold Cancer Alliance to account for delivery of Strategy and ensure integration with other CAP programmes of work	HNY Cancer Alliance Clinical Director	Responsible for the Clinical Leadership of the Cancer Alliance ensuring focus on the Health Inequalities programme of work for clinical teams
Cancer Alliance System Board	Strategy Approval. Hold Programme Manager to account for delivery of strategy. Receive twice yearly reports on progress	HNY Cancer Alliance Deputy Managing Director	Responsible for the delivery of programmes at the Cancer Alliance, including Health Inequalities programme of work
Cancer Alliance Oversight & Assurance Board	Strategy ratification Formal regular progress report Confirm & Challenge of Deliverables	Managing Director Humber & North Yorkshire Collaboration Acute Providers	Accountable for the CAP overall work programme, including reducing Health Inequalities
Population Health & Prevention Executive Committee	Strategy ratification Ensure integration with ICB programmes of work Confirm & Challenge of Deliverables	ICB Chief Operating Officer	Lead for the Population Health & Prevention & Executive Committee and accountable for delivery of HI ambitions
HNY Cancer Alliance Health Inequalities Steering Group	Bi-monthly Meeting to monitor progress and further actions with HI programme	HNY ICB Lead for Population Health & Prevention Programme Lead	Lead for HNY Population Health & Prevention Programme. Responsible for the delivery of overall ICB HI ambitions
		HNY Cancer Alliance Health Inequalities Lead	Responsible for the delivery of the HNY Cancer Alliance Health Inequalities programme

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